

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
MONTHLY COBRA PREMIUM RATES
JULY 1, 2008 TO JUNE 30, 2009
RETIREE PLANS**

Benefit Plan	Type of Enrollment	Total COBRA Premium
EUTF PPO (HMA) Medicare Medical Plan NHMC Prescription Drug	Self	\$289.99
	Two-Party	\$565.06
	Family	\$837.71
EUTF PPO (HMA) Non-Medicare Medical Plan NMHC Prescription Drug	Self	\$411.92
	Two-Party	\$802.66
	Family	\$1,189.93
EUTF PPO (HMSA) Medicare Medical Plan NMHC Prescription Drug	Self	\$295.70
	Two-Party	\$576.22
	Family	\$854.23
EUTF PPO (HMSA) Non-Medicare Medical Plan NMHC Prescription Drug	Self	\$420.67
	Two-Party	\$819.73
	Family	\$1,215.25
Kaiser Comprehensive (HMO) Medicare Medical Plan Prescription Drug	Self	\$236.72
	Two-Party	\$462.00
	Family	\$684.54
Kaiser Comprehensive (HMO) Non- Medicare Medical Plan Prescription Drug	Self	\$479.40
	Two-Party	\$935.20
	Family	\$1,385.89
HDS Dental Plan	Self	\$30.78
	Two-Party	\$60.16
	Family	\$73.66
VSP Vision Plan	Self	\$4.51
	Two-Party	\$9.02
	Family	\$12.12